

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



May 13, 1992

| Reason for this Transmittal | |
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| <input type="checkbox"/> | State Law Change |
| <input type="checkbox"/> | Federal Law Change |
| <input type="checkbox"/> | Court Order or Settlement Agreement |
| <input type="checkbox"/> | Clarification Requested by One or More Counties |
| <input checked="" type="checkbox"/> | Initiated by SDSS |

ALL-COUNTY INFORMATION NOTICE NO. I-22-92

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: MATERIALS ON THE PROPOSED PRIVATE RESETTLEMENT PROGRAM

The purpose of this letter is to transmit materials we received from the Federal Office of Refugee Resettlement (ORR) which describe the proposed Private Resettlement Program for Federal Fiscal Year 1993. The materials enclosed include a Fact Sheet, Questions and Answers, the agenda of the meeting with ORR, and the State Program Workgroup that was held on April 27 and 28, 1992.

The Fact Sheet describes the new direction of the Refugee Assistance Program and the role that private sector agencies and states will have in the resettlement of refugees. The questions and answers cover topics regarding the general program design, AFDC/AFDC-U eligible refugees, cash assistance for non-categorical eligible refugees, medical care, role of state and local governments, coordination and transition. Also, enclosed for information is the agenda of the meeting recently held between ORR and the State Program Workgroup.

If you have any questions, please contact Mr. Walter Barnes, Chief, Refugee and Immigration Programs Branch, at (916) 324-1576.

MICHAEL C. GENEST
Deputy Director
Welfare Program Division

Enclosure

cc: Ms. Barbara Chesnik, ORR
CWDA



DEPARTMENT OF HEALTH & HUMAN SERVICES

ADMINISTRATION FOR CHILDREN AND FAMILIES
370 L'Enfant Promenade, S.W.
Washington, D.C. 20447

7/24/92 Assigned to
Banner
Take action and consider
approval
Cy: to E. H.

MEMORANDUM TO: Refugee State Coordinators

SUBJECT: Materials on the Private Resettlement
 Program

In response to a request from SCORR, we are enclosing
materials which describe the proposed Private Resettlement .
Program for FY 1993.

Chris Gersten

Chris Gersten
Director
Office of Refugee Resettlement

Enclosure *Banner*



ADMINISTRATION FOR CHILDREN AND FAMILIES

OFFICE OF REFUGEE RESETTLEMENT

Refugee Assistance Program

NEW DIRECTIONS IN RESETTLEMENT

THE PRIVATE RESETTLEMENT PROGRAM

For fiscal year 1993, the Administration is proposing to shift responsibility for the distribution of refugee financial and medical assistance from the States to the private sector.

The Refugee Act of 1980 established the Cash and Medical Assistance (CMA) program that provides funds, through the States, to refugees who are *not* eligible for other cash and medical assistance programs, such as Aid to Families with Dependent Children (AFDC), Supplemental Security Income (SSI), or Medicaid. The program also provided for the Federal government to reimburse States' share of costs for refugees receiving AFDC, Medicaid, or the SSI State supplement for the first 36 months after a refugee's arrival in the United States. Through CMA, Congress recognized that refugees often arrive in the United States needing assistance while they learn a new language and job skills. CMA also provided funds to the States for administrative costs associated with implementing the CMA program.

In recent years, reductions in CMA appropriated funds and increases in costs have led to reductions in the time period that refugees receive cash and medical assistance--from a high of 36 months in 1980 to 12 months in 1990 to just 8 months in 1992. By 1990, the Office of Refugee Resettlement (ORR) also stopped reimbursing the States' share of costs for AFDC, SSI, and Medicaid.

The Administration's proposed change, from a public to a private cash and medical assistance system, *provides a longer period of assistance than possible under the State-administered CMA program and creates an integrated public/private partnership among the States and private voluntary agencies (VOLAGS).*

The program will provide transitional support, through private sector resettlement agencies known as voluntary agencies, to newly-arrived refugees who are ineligible for AFDC, Medicaid or SSI. The agencies will receive grants on a per capita basis.

The private sector agencies will have flexibility to allocate the grants among clients. Savings achieved through early employment of some refugees may be used to lengthen the period of transitional assistance for those refugees who may find it more difficult to attain self-sufficiency such as Amerasians, Re-education Camp survivors, and families with children.

In addition to cash assistance, the domestic refugee resettlement program will turn to the private sector to provide medical assistance. ORR will contract with providers which will provide medical services to newly-arrived refugees who are not eligible for Medicaid.

STATE PROGRAM

States will continue to administer the following programs: 1) Unaccompanied Minors; 2) Social Services; 3) Targeted Assistance.

States will continue to be reimbursed for costs associated with the care of unaccompanied minors.

In order to help refugees become self-supporting as quickly as possible, States also will continue to receive social services funding for such services as English language training and employment services.

ORR will continue the Targeted Assistance Grant Program which provides additional resources to those counties facing disproportionate resettlement problems.

COMMON MISCONCEPTIONS ABOUT REFUGEES

Refugees are not immigrants. Refugees are defined as persons who are unable to return to, or remain in, their country because of a well-founded fear of persecution. The President, in consultation with Congress, determines the number of refugees to be admitted into the United States during each fiscal year.

Amerasians are admitted as immigrants but under the Amerasian Homecoming Act are eligible for refugee services and assistance. Cuban and Haitian nationals are admitted into the United States as "entrants" and are eligible for refugee services and assistance.

Refugees, like U.S. citizens, are legally required to pay taxes on their earned income. For more information contact: Lenny Glickman, Office of Refugee Resettlement, (202) 401-3446.

Refugee Program: Proposed Changes for Fiscal Year 1993

Overview

The Administration has requested \$227 million for Refugee and Entrant Assistance in FY 1993 and has proposed a major change in how assistance is to be provided and administered for newly arriving refugees who are not eligible for other Federal programs of assistance and services. The budget request represents a reduction of 45% from the current operating budget of \$411 million.

The President's budget request terminates the special State-administered programs of refugee cash assistance (RCA) and refugee medical assistance (RMA) which, combined with the State administrative costs for these programs, cost about \$200 million in FY 1991 and are expected to cost about the same in FY 1992.

The FY 1993 request makes transitional support to refugees, during their first few months in the U.S., available through the national voluntary refugee resettlement agencies.

These agencies are already responsible for Reception and Placement of refugees during their first month in the U.S. under the agencies' cooperative agreements with the Department of State. ORR's design for FY 1993 would provide these agencies with a longer period in which to provide transitional support and case management services to help refugees find employment as quickly as possible. The design would also ensure that employment-related services would be made available to these refugees.

The budget request continues to support State-administration of the programs for unaccompanied minors and for refugee employment services and targeted assistance.

Refugees who are eligible for AFDC, Medicaid, and SSI will continue to be eligible for these programs on the same basis as other residents of the U.S.

ORR estimates that, of the 122,000 expected arrivals in FY 1993, approximately 55,000 - 60,000 refugees will be eligible for the private resettlement program. These figures are based on recent trends in Refugee Cash Assistance dependency and in the Matching Grant program.

Private Resettlement Program

The shift of responsibility for the distribution of refugee financial assistance for newly arrived refugees from the States

to the private sector will provide a longer safety net of support than would otherwise be possible under the State-administered refugee program.

The FY 1993 budget is based on 122,000 arrivals. Grants would not require a match in funding from private agencies. The existing Matching Grant program would be discontinued.

ORR will enter into grants, contracts, or cooperative agreements with national voluntary agencies to provide transitional assistance, case management and other services through local voluntary agency affiliates.

National voluntary agencies will provide transitional support through their local affiliates within the context of guidelines to be issued by ORR in the form of a Notice of Funds Available and other official communications.

In addition to transitional support, local affiliates will be responsible for providing case management services, an employment plan for each adult refugee in the program, and referrals for each refugee to employment and social services.

Applicants for funds will be requested to submit a budget request, including a description of the administrative costs of carrying out the program. ORR will determine the amounts for, and types of, administrative costs which are allowable for these programs.

ORR will request that funds for the Private Resettlement Program be awarded no later than 30 days after an appropriations bill is enacted, and that the awards cover allowable costs incurred beginning October 1, 1992.

Medical Assistance

Medical assistance funds were previously made available to support a State-administered program of refugee medical assistance (RMA). In FY 1991, the cost of the RMA program was about \$65 million, excluding State administrative costs.

Under the FY 1993 budget request, approximately \$20 million will be available for medical assistance for those newly arriving refugees who are not eligible for Medicaid. Medical coverage will be provided for all eligible refugees through competitive bids by private health insurance organizations and health maintenance organizations (HMOs).

ORR expects to be able to provide health care for the estimated 55,000 - 60,000 newly arriving refugees who are ineligible for

Medicaid, for a period of approximately six months.

Medical coverage will be available for a fixed period of time following arrival in the U.S., regardless of the employment status of the refugee, and without an income or resources test.

Employment Services

Funds for Employment (Social) Services and Targeted Assistance will continue to be awarded to States. States will be required to demonstrate through revisions to their State Plans how refugees resettled under the Private Resettlement Program will be served in the activities funded by ORR's Employment Service and Targeted Assistance grants.

Of the total amount allocated to States for social services, the Director will determine the priority and the amount of funds to be used for refugees resettled under the Private Resettlement Program.

Federal/Voluntary Agency Coordination

ORR recognizes that there are programmatic and fiscal considerations that relate to both ORR's Private Resettlement Program and the Reception and Placement program administered by the Department of State. ORR will work with the State Department's Bureau for Refugee Programs and voluntary agencies to make these two programs internally consistent.

QUESTIONS REGARDING THE PRIVATE RESETTLEMENT PROGRAM

A. General Program Design

1. What are the goals of the program and the expected outcomes at the conclusion of the service period?

- Congress in the 1980 Refugee Act established as ORR's goal that "employable refugees should be placed on jobs as soon as possible after their arrival in the United States". The intent of the Private Resettlement Program (PRP) will have to be consistent with that goal. We plan to work closely with the voluntary agencies (volags) during the consultation process to establish reasonable objectives and measures of accountability.

2. What is the duration of the program?

- ORR estimates that the administration's proposed budget of \$227 million will provide up to 4 - 5 months of assistance to newly arrived refugees. If the State-administered program were continued at this appropriation, refugees would be provided 5 - 6 weeks of assistance. If ORR receives a higher appropriation, we would establish a longer period of assistance. At \$410 million, we estimate, as one model, providing up to 12 months of transitional assistance and \$500 per capita in services. However, we have not reached any firm conclusions at this time regarding how funds should be allocated at a higher appropriation level.

3. What specific services will ORR require the voluntary agencies to deliver as part of this proposed program and for what length of time?

- Volags will be responsible for case management, establishing employment plans, referring refugees to employment and services and providing transitional support. We plan to discuss with the volags whether the length of time for case management should be equal to the length of time for transitional support. If higher appropriations are provided by Congress, ORR will consider expanding the responsibilities under the PRP, and will work with the volags in evaluating how to expand their responsibilities, concomitant with an increase in the per capita grant.

4. Does ORR intend for voluntary agencies to access Targeted Assistance (TAG) and Refugee Social Services (RSS) funds through competitive bidding or by a set-aside?

- Funds for Employment (Social) Services and Targeted Assistance will continue to be awarded to States. States will be required to demonstrate through their State Annual Services Plans how refugees resettled under the Private Resettlement program will be

served in the activities funded by ORR's Employment Services and Targeted Assistance grants.

Of the total amount allocated to States for social services, the level of priority and the amount of funds to be used for refugees resettled under the Private Resettlement Program will be determined.

At \$227 million, all service dollars will be allocated to the States. At a higher appropriation level, our intent would be to establish a set-aside for services through the Private Resettlement Program. For example, at \$410 million, we estimate being able to provide a \$500 per capita for services to PRP clients.

5. Assuming varying levels of administrative capacity in the private sector, what public or private safety net is envisioned for refugees resettled by local voluntary agencies offering support for less than the maximum duration of the program?

- As provided by the Refugee Act of 1980, refugees would be eligible for the same benefits that are available to U.S. citizens. Refugees eligible for AFDC or AFDC-U would be able to receive assistance under these programs; PRP refugees who are able to meet the General Assistance (GA) eligibility requirements would be able to receive GA after participation in the PRP ended. At an appropriation level of \$410 million, our intent would be to provide a substantially longer period of transitional support, at, for example, 12 months.

B. AFDC/AFDC-U Eligible Refugees

6. If AFDC/AFDC-U eligible refugees were to be included in the total refugee population to be served by the ORR proposed program, would they receive the same benefits and services as "RCA-type" eligible refugees? If not, how does ORR propose to deal with the resulting inequities in benefit and service levels?

- ORR recognizes the concerns raised by this question. These are issues that will need to be addressed in detail in consultation with the volags that propose to resettle AFDC-eligible refugees under the PRP. However, any program that we would design to include AFDC/AFDC-U refugees in the PRP would require a level of combined Federal and private sector funds that would result in benefit and service levels for these refugees that are equal to those available to RCA-type eligible refugees.

7. How will the AFDC/AFDC-U refugee population's medical care be covered?

- Refugees that are eligible for AFDC-AFDC-U would be eligible for Medicaid.

8. If newly arrived AFDC/AFDC-U eligible refugee clients receive public welfare, how will it be assured that they receive refugee employment and case management services?

They would be eligible to receive services under the State-administered program. However, to the extent that newly arrived AFDC/AFDC-U eligible refugees are included in the PRP, a proportionate amount of service dollars would be allocated to the PRP agency, under the Fish/Wilson authority.

C. Cash Assistance for Non-Categorically Eligible Refugees

9. Is it ORR's intent that non-categorically eligible refugees be ineligible through legislation or regulations for local general assistance, or will the voluntary agencies be required to provide sufficient financial support to make them income ineligible?

- ORR's intent is to design the PRP program in a way that would preclude refugees participating in the PRP from accessing GA. How this will be accomplished is a matter that will be discussed by ORR with State Coordinators and volags. ORR is conducting a review of GA programs to assist in addressing this issue. ORR intends to work with States and volags to ensure that the necessary steps are taken to preclude PRP refugees from accessing GA during the period of time that they receive assistance under PRP.

10. Will non-categorically eligible refugees be eligible for Food Stamps? How will ORR ensure that cash assistance administered by the voluntary agencies will not be treated as earned income for purposes for Food Stamp eligibility benefit levels?

- Refugees in the PRP will be eligible for Food Stamps. ORR will be meeting with officials at the Department of Agriculture to ensure that refugees receiving Food Stamps will not have to participate in the Food Stamps' work program requirements. This issue has been successfully resolved in the San Diego Fish/Wilson program. Cash received in PRP, however, will count as income for purposes of determining the level of Food Stamps, as would the income of a U.S. citizen.

11. Will those cases which do not achieve economic self-sufficiency by the end of the designated program period be eligible for public cash assistance?

-Yes, refugees will be eligible for the same benefits and public programs as are available to U.S. citizens at the end of the PRP.

12. Does the newly arrived refugee who would qualify for a state's General Assistance (GA) program have the option of choosing GA rather than participating in the voluntary agency program?

- No. All eligible refugees will be directed to receive assistance from the PRP.

D. Medical Care

13. Given the high utilization rate of medical care by our population, how will the program ensure that the level of co-payments and deductibles will not become prohibitive?

- ORR recognizes this concern. In developing the new medical assistance program, we are exploring various options to ensure that co-payments and deductibles do not pose a financial barrier to medical care for PRP refugees. ORR staff are researching various approaches to health care, including community health centers and health maintenance organizations, as well as private insurers, to find the best approaches that are affordable to refugees.

14. What types of coverage will be included in the proposed ORR-funded private medical insurance plan? Will pre-existing conditions be covered? Pre-natal, delivery costs and well-baby care? Mental health care, including hospitalization? Dental care? Specifically, what categorical health programs will refugees be able to access?

- These are all issues that are currently being researched by ORR staff and will be considered by the medical workgroup. Newly arriving refugees in PRP who qualify for Medicaid will be able to receive Medicaid; those refugees who do not qualify for Medicaid will receive health care under the new medical assistance program.

The resources available to ORR will be used to make available the maximum amount of preventive, primary, and major medical care that can be provided with funds available.

15. Will the cost of translators needed to assure access to medical care be covered by the per capita grant to the voluntary agencies or covered under the medical assistance plan?

- Volags already have certain requirements under the R&P grant regarding responsibilities for referring refugees to health services. While we are willing to discuss the issue of translators within the workgroup process, our view, at this time, is that translation should be a part of the responsibility of the volags in the PRP program to ensure that refugees access medical providers.

16. Will catastrophic coverage be included at a level of at least \$1 million per refugee?

- This will be discussed in the medical working group. ORR would appreciate any information you have of time-eligible refugees incurring costs in excess of \$250,000.

17. How will health screenings be paid for under this program?

- Health screenings will be a priority preventive care service under the new medical assistance program. Volags will be responsible for ensuring that refugees are referred to and access the proper health facility for health screening and medical services.

18. What is the expected duration of the medical coverage? If a refugee obtains employment and is terminated from financial support, will medical benefits continue until employer coverage begins or continue, if no employer benefits exist, through the client's maximum period of program participation?

- At the \$227 million appropriation level, ORR's goal is to provide medical coverage for 4 - 5 months. This compares to 5 - 6 weeks of medical coverage under the State-administered program. At the \$410 million level, our goal would be to provide 12 months of medical coverage.

It is ORR's intent that for reasons of administrative simplicity, and to serve as an incentive for refugees, that medical coverage will be provided for a set number of months. Our goal is that coverage will not be terminated due to employment.

E. Role of State and Local Governments

19. Can a national voluntary agency subcontract with a state, county or local welfare department in instances where local affiliates are unable or unwilling to participate?

- The question of what action should be taken in regard to volag affiliates that are unable or unwilling to participate will be discussed in the workgroups.

20. What will be the authority and responsibility of the state to oversee the private resettlement program? Will there be a local plan and, if so, which entity or entities will be responsible for developing and monitoring the plan?

- The national volags will be responsible for monitoring their local affiliates under the PRP program.. States will continue to be responsible for monitoring the social service and targeted assistance grants that they award. We plan to obtain the views of both the States and volags on the issue of local plans and coordination through the workgroup process.

F. Coordination and Transition

21. When does ORR plan to phase out the RCA/RMA program? Will states have flexibility in determining the last date of entry into the current program during federal fiscal year 1992?

- We plan to discuss these issues at length in the workgroups before making any final decisions.

22. How does ORR envision the funding of income support and services during the final months of federal fiscal year 1992?

- Funding to the States will continue as currently provided.

23. What provisions will be made to allow for the needed time to build service capacity by certain local voluntary agency affiliates in order to implement the new model?

- We appreciate the concern of the volags regarding the limited time period available to implement the new program properly. We will look to you to provide us with a realistic estimate of the time needed to prepare local affiliates for the new program. We might be willing to consider delaying the start of the PRP program for a few months beyond October 1, if necessary, in order to allow for proper training of affiliates. We understand that Interaction will be submitting a proposal to ORR to provide training for local affiliates.

24. How will the proposed ORR program deal with problems related to secondary migration of refugees?

- This will be an issue for discussion in the volag workgroup.



DEPARTMENT OF HEALTH & HUMAN SERVICES

ADMINISTRATION FOR CHILDREN AND FAMILIES
370 L'Enfant Promenade, S.W.
Washington, D.C. 20447

April 17, 1992

MEMORANDUM TO: The State Program Workgroup
SUBJECT: Rescheduled Meeting

The first meeting of the State program workgroup has been rescheduled for April 27 - 28, 1992. We will meet in Room 337-339A, Hubert Humphrey Building, 200 Independence Avenue, S.W. at 9:30 a.m. and will end our meeting by 5:30 p.m. on the 28th.

Enclosed is a draft agenda. I have indicated some options under consideration in ORR that we would like to hear your thoughts on. I would welcome your suggestions for modifications to the agenda and look forward to discussing this with you sometime on Monday, April 20. Also enclosed are the informational materials I promised to send you. These materials will be sent to all State Coordinators. If you have any questions, please call me at (202) 401-9250 on Monday. I will be tied up in the volag meeting all day Tuesday and will at the Biloxi meeting Wednesday through Friday.

Toyo Biddle
Toyo Biddle

Enclosures

Draft Agenda Items for State Program Workgroup

A. Introduction: Workgroup Process and Timetable
(including ORR's intention to have some joint meetings with volags and States)

B. Update on the New Programs

- o PRP Program
- o Medical Program

Questions and Suggestions

C. Discussion of State Program Issues

1. Social Services

- o ORR's Views on Social Services and Targeted Assistance Funding at FY 1993 Appropriation Levels
- o How to Ensure an Equitable Share of Social Services for PRP Clients:

Options

- a. Require States to ensure that PRP refugees are served by State social service providers, proportional to the percentage they represent of the 12-month new arrival population.
- b. Establish a separate set-aside in the social services allocations formula, similar to the MAA set-aside, that would indicate the amount of funds, by State, to be used for services to PRP clients.
- c. Require States to contract an equitable portion of social services funds to PRP agencies for services to PRP clients.

2. State Administration

- o Options for Handling State Administration
 - a. Establish an admin. cap for social services funds.

- b. Establish a separate State administration line item or a discretionary funds set-aside for State administration. Require States to submit a budget request for administrative costs for review and approval by ORR, in order to receive supplemental funds for admin.
- c. Establish new guidelines for what are allowable and unallowable administrative costs.
- o Discussion: How to Determine What Level of Administrative Funds May Be Needed for the Management of the State Program in FY 1993.
 - Core Staff
 - Other Direct Costs (Space, Facilities, Supplies, Travel, Training, Consultants)
 - Indirect Costs
- 3. Possible Role for States in the New Medical Program: Discussion
- 4. Role of MAAs in State Program
 - o Increase social services set-aside for MAAs
- D. Discussion of State Issues Related to the PRP
 - 1. Possible Coordinating Role for States in the PRP
 - 2. Precluding PRP Refugees from Accessing GA: Steps that Need to be Taken
 - 3. How to Determine Client Eligibility for PRP Transitional Assistance
- Options:
 - a. ORR provide volags with State AFDC-eligibility profiles. Refugees not fitting the profile would be presumed eligible for PRP. AFDC eligibility profile based on:
 - a. Family composition
 - b. State's recognition of overseas work quarters
 - c. State's acceptance of self-declaration of prior income and number of quarters worked.

4. Transition of RCA refugees on October 1.
 - o Possible Later Start Date for PRP
 - o Grandfathering in RCA refugees into PRP